

Certificate of Mississippi Limited Partnership



The undersigned general partners, pursuant to Section 79-14-201 of the Mississippi Code of 1972, as amended, hereby execute the following certificate of Limited Partnership and set forth:

1. Name of the Limited Partnership**2. The future effective date is
(Complete if applicable)****3. The latest date upon which the
Limited Partnership is to dissolve is****4. Federal Tax ID****5. The office address at which is kept the records required by Section 79-14-105 of the
Mississippi Code of 1972, as amended is**Physical
Address

P.O. Box

City, State, ZIP5, ZIP4

6. The Name and Street Address of the Registered Agent and Registered Office

Name

Physical
Address

P.O. Box

City, State, ZIP5, ZIP4

**7. Name and Address of General Partner 1**

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Physical
Address

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P.O. Box

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City, State, ZIP5, ZIP4

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8. Name and Address of General Partner 2

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Physical
Address

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P.O. Box

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City, State, ZIP5, ZIP4

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9. Other matters the general partners determine to include are

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(See
Attached)General Partner 1
By: Signature

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(Please keep writing within blocks)

Printed Name

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Title

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General Partner 2
By: Signature

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(Please keep writing within blocks)

Printed Name

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Title

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